

PTO/SB/21 (04-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/672,204	
	Filing Date	9/28/00	
	First Named Inventor	Lee	
	Art Unit	2157	
	Examiner Name	Ramy M. Osman	
Total Number of Pages in This Submission	4	Attorney Docket Number	Lee 6-1

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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eamon J. Wall, Reg. No. 39,414 Moser, Patterson & Sheridan, LLP		
Signature	<i>EJ Wall</i>		
Date	8/16/04		

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PTO/SB/31 (08-03)

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**NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Docket Number (Optional)

LEE 6-1 (LCNT/122281)

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Signature

Typed or Printed

Name CAROL WILSON

In re Application of

Ted Chongpi Lee et al.

Application Number

09/672,204

Filed

09/28/2000

For

METHOD AND APPARATUS FOR SONET/SDH RING LOAD BALANCING

Group Art

Unit

2157

Examiner

Ramy M. Osman

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$ 330.

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:

\$ _____.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 20-0762. I have enclosed a duplicate copy of this sheet.

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

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I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed.

☒ attorney or agent of record.

Registration number 39,414.

☐ attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) _____.

Signature

Eamon J. Wall

Typed or printed name

732-530-9404

Telephone Number

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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